PRINTED: 10/13/2015
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0381	A. BUILDING: _____ B. WING _____	10/07/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORTIER'S COMMUNITY CARE HOME	127 BAILEY STREET BARRE, VT 05641

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site re-licensing survey was completed by the Division of Licensing and Protection on 10/7/15. The findings include the following:	R100		
R134 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary. This REQUIREMENT is not met as evidenced by: Based on medical record review and confirmed by staff interview the facility failed to ensure that the admission assessment was completed within 14 days of admission, for 1 of 3 residents reviewed (Resident #1). The findings include the following: Per medical record review, Resident #1 was admitted on 9/11/13. The assessment instrument provided by the licensing agency identifies that the initial assessment was completed by the Registered Nurse (RN) on 10/31/13, thirty-six (36) days over the 14 day requirement. The owner/manager confirmed that the admission assessment was untimely.	R134	In response to the deficiency (R134) 5.7a We now have in place a check list for completing assessments within 14 days of admission. This check list will be attached to incoming residents files to ensure timely completion. Implemented 10.8.15. see attached sheet (A) 11-2-15 fax	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Marie A. Fortier | TITLE: owner | (X6) DATE: 10-25-15

PRINTED: 10/13/2015
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0381	A. BUILDING: _____ B. WING _____	10/07/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORTIER'S COMMUNITY CARE HOME	127 BAILEY STREET BARRE, VT 05641

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R136	Continued From page 1	R136		
R136 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on medical record review and confirmed by staff interview the facility failed to ensure that 1 of 3 residents (Resident #1), was reassessed annually. The findings include the following: Per medical record review, Resident #1 was admitted on 9/11/13. The assessment instrument provided by the licensing agency identifies that the initial assessment was completed by the Registered Nurse (RN) on 10/31/13. The annual reassessment was completed on 12/29/14. This is fifty-nine (59) days late, as calculated from the date of the last assessment completed. The owner/manager confirmed that the reassessment was untimely.	R136	In response to the deficiency (R136) 5.7c We now have in place a check list for completing reassessments annually and at any point in which there is a change in the resident's physical or mental condition. This check list is viewed daily to ensure a timely completion. Implemented 10.8.15. See attached (A) 11-2-15 fax	
R145 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan	R145		

PRINTED: 10/13/2015
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0381	A. BUILDING: _____ B. WING _____	10/07/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORTIER'S COMMUNITY CARE HOME	127 BAILEY STREET BARRE, VT 05641

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R145	Continued From page 2 of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on medical record review and confirmed by staff interview the facility failed to ensure that the nurse develop a written plan of care for 3 of 3 residents reviewed (Resident #1, #2, and #3), that is based on the resident's abilities and needs as identified on the resident assessment. The findings include the following: Per medical record review for Residents #1, #2 and #3, Comprehensive Care Plans for those identified residents have not been developed by the Registered Nurse (RN). Nor do the care plans identify the care and services necessary to assist the resident in maintaining independence and well-being. Per interview with the Owner /Manager confirmation is made that s/he is the one who develops the resident care plans. The Comprehensive Care Plans are not developed by the RN and do not identify the needs of the resident as identified by the annual assessment.	R145	In response to the deficiency (R145)5.9c(2) Upon arrival, the resident's Primary Care Physician, fills out a form for the Plan of Care. We in turn follow the doctor's request. The facility makes notes on the residents progress. Our nurse oversees the request of the doctor and signs off on my notes. We have direct contact with doctors on Plan of Care as they know the resident more so than our nurse who visits once a month. This procedure was discussed with the surveyor on 10.7.15 and has been implemented since 10.18.03. 11-21-15 In response to the alleged deficiency (R145)5,9c(2) The Plan of Care that was developed by the residents' physician and has been in use for 12 years has changed. Our Registered Nurse now develops a written Plan of Care for our residents which describes the care and services necessary to assist the resident to maintain independence an well-being. The Nurse will oversee all Plan of Care. See attached medical records for residents reviewed (Resident #1, #2, and #3). November 21, 2015 in place. See attached (B)	
R160 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following:	R160		

PRINTED: 10/13/2015
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0381	A. BUILDING: _____ B. WING _____	10/07/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORTIER'S COMMUNITY CARE HOME	127 BAILEY STREET BARRE, VT 05641

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R160	Continued From page 3 (1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission. (2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home. (3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff. (4) How medications shall be obtained for residents including choices of pharmacies. (5) Procedures for documentation of medication administration. (6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal. (7) Procedures for monitoring side effects of psychoactive medications. This REQUIREMENT is not met as evidenced by: Based on interview with the Owner/Manager, confirmation is made that the facility has failed to develop policies and procedures describing the home's medication management practices. The findings include the following: Per interview at 12:30 PM, the Owner/Manager was asked for policies and procedures to describe the medication management system/practices of the home that define the following:	R160	In response to the deficiency (R160)5.10a We have amended our policy and procedures to include a detail description of our medication management practices in accordance to 5.10a, 1 - 7. Implemented 10.8.15 See attached (C)	

PRINTED: 10/13/2015
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0381	A. BUILDING: _____ B. WING _____	10/07/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORTIER'S COMMUNITY CARE HOME	127 BAILEY STREET BARRE, VT 05641

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R160	Continued From page 4 (1) Level III homes must provide medication management under the supervision of a licensed nurse. (2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home. (3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff. (4) How medications shall be obtained for residents including choices of pharmacies. (5) Procedures for documentation of medication administration. (6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal. (7) Procedures for monitoring side effects of psychoactive medications. Per interview with the Owner/Manager s/he is able to describe the above medication system. However, confirmation is made that there are no written policies and procedures as required.	R160		

R134 & R136 (A)

Assessments * Reassessments Check List

	2014	2015
# 1	12.29.14	
# 2		
# 3	07.29.14	06.03.15
# 4	03.31.14	06.03.15
# 5		
# 6	12.29.14	
# 7		09.17.15
# 8	06.14.14	06.03.15
# 9		
#10		04.27.15

R145.(5.9)(2) (B)

E) Nursing Care

The Fortier's Community Care Home, LLC has retained the services of , RN. to assist you in nursing care.

1.) ***Availability of the nurse.*** The nurse will assess each resident, oversee the administration of medication and coordinate care with the facility upon entrance to our facility.

A) The nurse will oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being.

B) The nurse will provide instruction and supervision to all direct care personnel regarding each resident's health care needs and nutritional needs.

C) Maintain a current list for review by staff and physician of all residents' medication ordered: name of resident, medications, date medication ordered, dosage and frequency of administration and likely side effects.

D) Assure that residents' medications are reviewed periodically and that all resident medications have either a supporting medical diagnosis or problem.

E) Assure that symptoms or signs of illness or accident are reordered at the time of occurrence, along with action taken and any change in residents condition.

F) Review all therapeutic diets and food allergies with dietary staff as needed to assure nutritional standards are met and are consistent with physician orders.

G) Monitor stability of each resident's weight.

H) The nurse will train and delegate to whom shall administer medication in the home.

The nurse will assess your needs and if warranted instruct this facility to contact the doctor with an update on your condition.

2.) The following services are not permitted in a residential care home except under a variance granted by the licensing agency; intravenous therapy; ventilators or respirators; daily catheter irrigation; feeding tubes; care of stage III or iv decubitus; suctioning; sterile dressings. If you require hands on care by a nurse, such as changing a dressing or receiving an injection, such care will be ordered by your primary care physician through an agency at an additional charge to you. Billed by such agency.

3.) ***Hospice Service.*** We will work with an agency to offer Hospice services to residents who are terminally ill, to allow them to remain here if they wish on a case-by-case basis. Should your health status exceed our abilities under the regulations and out of the care limits of agency to provide you with the proper care, we will discharge you to another more appropriate setting following the discharge notice procedures as identified by regulation and in our policies.

The Vermont Secretary of State, Office of Professional Regulation considers the information contained on this website to be a secure, primary source for license verification. The Office certifies this information is current as of the date and time noted below.

For conduct decisions concluded after the year 2000, a scanned copy of the disciplinary action may be viewed online by clicking here. If you require further information, please contact the docket clerk. If no discipline is listed below, we have no disciplinary records on file.

Cases indicating "Charges Filed" or "Pending Hearing" are allegations only and must be proved at a hearing held by the licensing authority to be considered unprofessional conduct.

Lookup Detail View

Name and Address

Name	City/Town	State	Zip Code	Country
	Barre	VT	05641-3539	United States

Licensee Information

License	License Type	Original Issue Date	Current Effective Date	Expiration Date	Status	Endorsements
	Registered Nurse	08/22/1986	04/01/2015	03/31/2017	ACTIVE	

Generated on: 11/20/2015 10:01:13 AM

G. Provision Separable:

The provisions of this agreement are independent of and separate from each other, and no provision shall be affected or entered invalid or unenforceable by virtue of the fact that for any reason any other or others of them may be invalid or unenforceable in whole or in part.

H. Assignment:

Neither party shall assign this agreement or its duties or rights hereunder to any third party without the written consent of the other party hereto.

In witness whereof, the parties have executed and delivered this agreement on the date first written above.

, RN

By: _____ 11/10/15

Fortier's Community Care Home, LLC

By: Marie Fortier 11/10/15

Title: Owner

Resident #1

1 Care Plan 11-21-15 RN

Cardiac disease:

Manifested by: Hx of A-fib, HTN, Hyperlipidemia, CAD

Symptoms have been controlled by medications: Norvasc 5mg, Lasix 20 mg, Lisinopril 20 mg, Wafarin 1mg, Lovaststin 80mg, Aspirin 81mg, Nitro stat 0.4 as needed.

Goals: Control symptoms with medications, activity which is ambulate < 300 ft more than 4 times day, NAS diet, low cholesteral diet, Maintain B/P – 130-150/60-70, HR – 70-80, & weight to be maintained 140-150.

COPD:

Manifested by: Hx of chronic bronchitis, SOB with activity

Symptoms have been controlled by medications: Spirvia18mg / daily, activity with energy conserving techniques.

Diabetes Melitus with neurological manifestions:

Manifestions: elevated blood sugars and Bilateral foot neuropathy.

Goals: Control blood sugar levels with Glipizide 10 mg daily and diet of NCS diet and low carbohydrate. Control Bilateral foot pain with Gabapentin 600mg daily, wkly foot assessments. Safe ambulation 7 use of foot wear.

Depression:

Manifestions of sadness, poor contact with family, lack of initiative in home activities at times.

Goals: control symptoms with Remeron, encouraging facility activities, provide supportive environment.

Patient Care Plan Evaluation

Resident: # 1 ______________________ Admitted on 9-11-2013

Medical/Nursing:

11/21/15 - O2 Sat on room air 94%, wt 138#, BP sitting 155/60
AP 72 reg with Grade I murmur, 163/66 P-84, R-28
Lung sounds CTA, but diminished in Basal. pt easily gets
SOB c anxiety and c 20 ft. pt reports does not do
stand as requested by CVH H & PH RPT because it makes
her SOB. ABD is soft c distention bowel sounds +
in all 4. Has a BM daily uses stool softness, dusty
& is continent, Uses brief for security when she is
out. pt c/o B/L foot pain which is daily takes Gabapentin
c relief. pt takes Blood sugars at least once daily
per her calendar, but unknown times. Pedal pulses
were weak, skin warm, nails slt thickened, no lower
no callouses on feet. pt is able to read sign c 8 ft
away, is able to read large print with adjustments
can't read small print c her glasses. I think the
language barrier of her french impacts [illegible]
comprehension. pt pours her own meds [illegible] bottles
locked up & pours wkly. Attempted to go over meds c
pt, unless asked pt will look at the bottle & see the
shape of pill & will properly tell what med it is. Note
all pills gone from her pill box except for Sat PM,
& Sat AM was not in PM box. When asked pt
stated she only takes it once daily. Reviewed label
c pt & she said yes she takes it twice daily. When I
showed her that pill was not there & repeated process she
she got very anxious & SOB & interview stopped, to return 11/24/15

Mental/Psychosocial:

11/21/15 - pt very anxious, repeats self frequently, the pills
& [illegible] her eyes when questioned. pt did not know
what day it is, but knew month & place.
pt is not very social but is now out doing the
puzzle c another pt. [illegible signature]

Resident # 2

10 Care plan 11-21-15 , RN

Cardiac disease

Manifested by: Hypertention, hypercholesterol

Goals: symptoms will be controled with Aspirin 81mg, Simvastatin 40mg, Lisinopril 40 mg, HCTZ 12.5mg. pt will amb < 300ft with out CP or SOB more than 4 times day, NAS diet, low cholesteral diet, Maintain B/P – 120-140/60-70, HR – 60-70, & weight to be maintained.

Alzheimer's disease

Manifested by: Impaired short term memory, decreased judgement & reasoning, inconsistance in completing simple tasks, repetative words and activities.

Goals: Symptoms will be controled w/ Aricept 10mg daily, pt will be maintained in a safe, consistant environment which encourgages independence. Assistance with ADL's activities.

Urinary urge incontinence

Manifested by: complaints of frequency, use of 1-2 incon wear pads.

Goals: symptoms will be controled by use of Oxybutin 10mg daily, Toileting every 2 hours, assessment for symptoms of UTI, fluid intake of 1.5 qts daily, use of incon wear.

Depression

Manifested by: Sadness and talking about going home.

Goal: Symptoms will be controled with Sertraline 25mg daily. Pt will participate in daily meals with other residents, staff will observere pt for on coming symptoms and discuss symptoms with pt. Pt will participate in facility activities.

Patient Care Plan Evaluation

Resident: # 10 Admitted on 3-4-15

Medical/Nursing: ... sitting - 68, R-20, BP 130/68, Standing - 120/70 P-80
HR ... sitting - 68, R-20, BP ... Sat on room air 98%. All distal
... Manual
pulses ... but ... pedal pulse weaker than ... non-pitting
... veins. ... SOB ... non-pitting
... edema ... instructed pt to elevate ...
... ABD soft ... distention. Bowel sounds ...
... all 4 quads. pt reports daily BM's soft formed
... urine ... pad
... to urge incon ... pad
... daily ...
... Ambs ... independent
... further ...
... toilet ...
pt's ... very high ... step ...
... bed to floor ... bed rail for safety
... with daughter
family. K ... Wyatt, RN

Mental/Psychosocial: pt is oriented to date with use of calendar which she marks off days. pt reports ... unable to recall ... that ... prior. Is able to ... difficulty. Ambs outside ... able to find way back ... home.
K ... Wyatt, RN

Patient Care Plan Evaluation

Admitted on 3-4-15

Resident: # [illegible]

Medical/Nursing: HR slt irreg sitting-68, R-20, BP 130/68, Standing-120/70 P-80
Lungs are CTA O2 Sat on room air 98%. All distal
pulses (+) but (R) pedal pulse weaker than (L). Many
varicose veins. Denies CP or SOB. Trace non-pitting
ankle edema. Instructed pt. to elevate legs when
sitting. ABD soft, no distention. Bowel sounds (+)
in all 4 quads. Pt reports daily BM's soft & formed.
Pad given to use [illegible] urine leaks when
[illegible] she [illegible] daily. Had UTI [illegible]
Tx c antibiotic & no further Sx. Ambs s independent
but c [illegible] toilet [illegible] using [illegible].
Pt's bed is very high. Uses step stool to get in bed
shields off bed to floor. Discussed bed rail for safety
c pt [illegible]. Care giver will discuss c
family. K. W. [illegible], RN

Mental/Psychosocial: Pt is oriented to date with use of calendar which
she marks off days. Pt repeats self frequently. Is
unable to recall conversation that was discussed 2 min
prior. Is able to keep room s difficulty. Ambs
outside & is able to find way back in home.
K. W. [illegible], RN

Resident #3

#7 Care plan 11-2415

Dementia:

Manifested by: increasing forgetfullness, inability to complete complex tasks with out cueing, decreased judgement and reasoning, lowered tolerence of new ideas and changes, self centered thoughts.

Goals: Control with Aricept 10mg daily. pt will be maintained in a safe, consistan environment which encourgages independence. Assistance with ADL's activities.

Hypothyroidism:

Manifestations: elevated thyroid studies

Goals: pt's thyroid levels will be maintained with medications. Levothyroxine 100mcg daily. lab tests monitored by MD twice yearly.

Osteoporosis:

Manifestations: Calcium and Vitamin D levels are low, Hx of falls with factures.

Goals: Maintain proper levels with medication. Calcium 600mg daily and Vitamin D2,000 units daily. Falls prevention with use of 2 wheeled walker, supervision when ambulating, lighted halls and bathroom at noc.

GERD:

Manifestations: Oral flatulence, heart burn,

Goals: pt will be free from discomfort & symptoms with use of Randitine 150mg twice daily. pt will be observed during meals by staff and encouraged to eat slowly and macerate foods with liquids, eat small mouth fulls, sit up right for 20 minutes after eating,

ASHD:

Manifestations: hyperlipidemia, hypertention

Goals: Symptoms will be controlled wth medications of Simvastation 80mg daily, HCTZ 25mg daily, Aspirin 81 mg, Lasix 40mg daily, Potassium 20meq daily, activity which is ambulate < 300 ft more than 4 times day, NAS diet, low cholesteral diet, Maintain B/P – 120-140/60-70, HR – 60-70, & weight to be maintained 125-130.

Glaucoma:

Manifestations: High intraoccular pressures, visual disturbances

Goals: intraoccular pressures will be maintained with Alphagan 0.15% and Latanoprost 0.005% and

Patient Care Plan Evaluation

Resident: # 7 ______ Admitted on 9-3-2015

Medical/Nursing:

11/24/15 AP- 60 4 irreg x- 1 ie BP- 130/80 sitting P-64 radial BP 156/88 standing. No pedal edema. Lungs are CTA 4 Q, sat 98% on room air. No falls with the month ambs ē 2 wheeled walker. pt is able to read 3 sized of print + is able to see poster 8 ft away with trilensed glasses. pt denies eye pain. pt self administers eye gtts ē difficulty. Denies - [illegible] pain, nausea, bloating. pt ambs well ē 2ww. Abnormal gait swinging (R) leg. Denies postural vertigo. Able to get in + out of bed with out equipment. K. Wilmott RN

Mental/Psychosocial:

Oriented - person, not date. pt is able to tell me where her family are. pt is able to find her room without difficulty. pt does word search puzzles, does not read the paper. K Wilmott, RN

(R160)5.Da (C)

4.) ***Medication management.*** Residents who are capable of self-administration may choose to store their own medications in a secure storage space provided by the FCCH, LLC to prevent unauthorized access to the resident's medications. We will follow all doctor's orders. The Home provides medication management under the supervision of a licensed nurse. The nurse will train staff members to qualify for disbursement of medications. FCCH will obtain the residents prescribe medication from the HealthDirect facility of Williston, VT and record all medications dispensed and abide by all regulations. The Home will record all instances of refusal of medications by residents. All medications left after the discharge or death of a resident or out dated medications, shall be promptly disposed of by returning to HealthDirect. The medications will be in a locked drawer until disposal. All narcotics and other controlled drugs will be kept in a locked drawer and counted daily and any such side effects will be recorded.

5.) Each resident's medication, treatment, and dietary needs shall be consistent with the physician's orders.

VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street
Waterbury VT 05671-2306
http://www.dlp.vermont.gov
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

Faxed 10-24-15
Mailed 10-26-15
Faxed 11-2-15 19 pages 11:30am attention: pamela Cota

October 13, 2015

Marie Fortier, Manager
Fortier's Community Care Home
127 Bailey Street
Barre, VT 05641

Dear Ms. Fortier:

The Division of Licensing and Protection completed a re-licensing survey at your facility on **October 7, 2015**. The purpose of the survey was to determine if your facility was in compliance with Vermont Residential Care Home Regulations. The survey statement is enclosed. This survey found the most serious deficiency in your facility to be a pattern of deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy. You must submit a plan of correction. Please write/type the Plan of Correction in the space provided to the right. A completion date for each plan of correction must be indicated in the far right hand column. Attach additional pages if necessary.

Please sign, date, and indicate your title on the bottom of the first page of the report and return this report to this office no later than **October 26, 2015**.

Plan of Correction (POC)

Your POC must contain the following:

- What action you will take to correct the deficiency;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective actions will be monitored so the deficient practice does not recur.
- The dates corrective action will be completed.

If you disagree with the existence or accuracy of a deficiency, please provide comments in the space provided beneath the deficiency statement.

You may also request an informal review of all or part of the contents of the notice at any time

prior to **October 26, 2015** by calling Suzanne Leavitt, RN, MS, Assistant Division Director, or Clayton Clark, Division Director at (802)-871-3317. If you are not satisfied with the outcome of the informal review with the Division, you may request a review by the Commissioner of Disabilites, Aging and Independent Living. To request a review with the Commissioner, call (802) 871-3350.

The Department is authorized to impose sanctions for failure to correct a deficiency and/or failure to provide proof of correction by the specified Correction Date. Depending on the nature of the violations, the following sanctions may be imposed: administrative penalties of up to $10.00 per resident or $100.00, whichever is greater, for each day the violation remains uncorrected; suspension, revocation or modification of an existing license; refusal to renew a license; suspension of admission or transfer of residents to an alternative placement; injunctive relief to enjoin any act or omission; and the appointment of a receiver for a facility. If you feel strict compliance with the law or regulations would impose a substantial hardship, you may apply to the Department for a variance as stated under Section III of the Residential Care Home Licensing Regulations. You must do so prior to **October 26, 2015**.

Appeals

As noted above, you may seek an informal review from Suzanne Leavitt, RN, MS, Assistant Division Director, or a Commissioner's review of this decision. In addition, you have a right to request a fair hearing with the Human Services Board. Decisions by the Department of Disabilities, Aging and Independent Living can be appealed to the Human Services Board pursuant to 3 V.S.A. §3091. The request for a fair hearing before the Human Services Board must be made within thirty (30) days of your receipt of the notice of this decision, and can be made by writing to the the Human Services Board at 14-16 Baldwin Street, Montpelier, VT 05633-4302. You have a right to appear before the Board and to present witnesses and other evidence with regard to the case. You also have a right to be represented by an attorney at the Human Services Board fair hearing.

Please contact me at 871-3317 if you have any questions.

Sincerely,

Pamela M. Cota RN

Pamela M. Cota, RN
Licensing Chief